

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Savitt Guardians
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

4101 Satin Leaf CT

Mailing Address of Business

Delray Beach, FL 33445

City

State

Zip Code

3. Florida County of principal place of business:

Palm Beach County

(see instructions if more than one county)

FEI Number: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 10 AM 11:22

JC 1/11

G11000004674
01/10/11--01041--015 **60.00

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Savitt Elizabeth S
Last First M.I.

2.

Last First M.I.

4101 Satin Leaf CT
Address
Delray Beach, FL 33445

City State Zip Code

Address
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Entity Name _____

2. Entity Name _____

Address _____

Address _____

City State Zip Code _____

City State Zip Code _____

Florida Document Number _____

Florida Document Number _____

FEI Number: _____

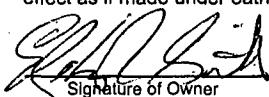
FEI Number: _____

Applied for Not Applicable

Applied for Not Applicable

Section 2

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath.

 1/7/11
Signature of Owner Date


E-mail address: (to be used for future renewal notification)
savitt.guardians@gmail.com

Phone Number: _____

Section 3

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

Section 4

I (we) the undersigned, hereby cancel the fictitious name _____
which was registered on _____ and was assigned
registration number _____

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50